



Food Establishment License Application

Instructions: Please review the entire application before making entries. **TYPE** or **PRINT IN INK**. Enter N/A where requested information does not apply. Leave **NO BLANK SPACES**. This application is for *year-round* and *seasonally* operated establishments. Please **attach a menu** to this application.

This application is submitted for: ☐ New Establishment ☐ New Establishment Name ☐ New Owner

<i>The name of the business and address where the food is stored, processed, prepared, packaged, handled, served, and/or sold for which this license will be issued.</i>	ESTABLISHMENT INFORMATION		
	Name of Establishment _____		
	Address of Establishment or Commissary _____		
	_____	_____	_____
	City	State	Zip
	Establishment _____		
	Mailing Address _____		
	Manager _____		
Name _____ Business Phone # _____			
Type of Food Establishment: Mobile Restaurant Caterer Bakery Food Processor Deli Kiosk (Circle One) Super Market School Lunch Tavern Meat Market Other _____			

<i>The ownership must be shown as the <u>business entity</u> or person(s) who has ultimate responsibility for maintaining operation of the ESTABLISHMENT in compliance with health laws. The Permittee is the person(s) or entity who will be permitted to operate the establishment.</i>	OWNERSHIP ENTITY		
	Ownership entity of Establishment is best described as:		
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____		
	Entity Name _____		
	Permittee _____		
	(If different from ownership entity.)		
	Address _____		
	P.O. Box or Street _____		
City _____ State _____ Zip _____			
Billing Address _____			
(If different from above) P.O. Box or Street _____ City _____ State _____ Zip _____			
Phone Numbers _____			
a.m./p.m.Home (Emergency) Business Cell			
E-mail _____			

-OFFICE USE ONLY-

EHS#: _____ Establishment # _____ Status: ☐ Active ☐ Pending ☐ Unregulated Risk: L M H
County: _____ Jurisdiction: _____ Program Code: _____ Type Code: _____ Mail Options: _____ Service Code: _____ Group ID: _____
Inspection Type: R M H Roster: Y N License Code: L N C E U Master Establishment #: _____
Activation Date: ____/____/____ Next Inspection Date: ____/____/____ Approved: ____ Disapproved: ____ By EHS#: _____
Days between Inspections: _____

☐ Yes ☐ No Has applicant received a copy of the Idaho Food Code.

As the applicant/applicant's agent, I hereby: (1) affirm that all requested information has been provided and is correct to the best of my knowledge (2) request that a license be issued to the Applicant to operate this Establishment, and (3) understand that the license is **not transferable to another person or location** and is the property of the issuing agency and may be revoked for failure to maintain compliance with health regulations, codes ordinances, and statutes.

Signature _____ Date ____/____/____

DATES /TIMES OF OPERATION:

☐ Year Round ☐ Jan ☐ Feb ☐ Mar ☐ April ☐ May ☐ June
☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Days of Operation: ☐ Mon to ☐ Tue to ☐ Wed to ☐ Thur to ☐ Fri to ☐ Sat to ☐ Sun to
Hours of Operation:
(Indicate am or pm)

To be operated:

☐ Year round, presently open ☐ Year round, not yet open
☐ Opening Date: _____
 Seasonally (more than 14 days of operation)
 Opening Date: ____/____/____ Closing Date: ____/____/____

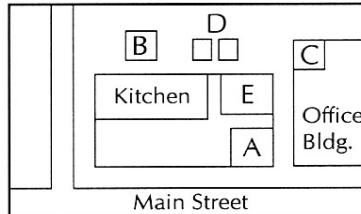
Type of systems this establishment utilizes:

Water Supply Sewage Disposal
☐ Public/Community ☐ Public/Community
☐ Private ☐ Private
☐ Holding Tanks ☐ Holding Tanks

Remote Areas of Operation

Provide a graphic description to show areas of the food operation remote from the primary area, ie storage, offices, catering trucks.

Refer to example. In the example the kitchen is primary and the other areas as listed, would be remote areas. Use a separate sheet of paper if additional space is needed.

EXAMPLE

- A - Ice maker, napkins, and linen
- B - Outside walk-in refrigerator
- C - Canned food and extra equip.
- D - 2 catering trucks
- E - Basement storage of potatoes, onions, and cleaning supplies.
- F - Warehouse at 850 N. 2nd St.

PARTNERS, LLC, CORPORATION, OR OFFICIALS, MEMBER INFORMATION

Provide full names, titles, home/office mailing addresses, and phone numbers of the individuals that compose the ownership entity.

Full Name(s) _____ Title _____
 _____ Title _____
 _____ Title _____
 Address _____
 P.O. Box or Street _____
 City _____ State _____ Zip _____
 Phone _____
 Office _____ Emergency _____
 E-Mail _____

APPLICANT'S AGENT

The person not shown as the applicant/owner who is entrusted to act on the applicant/owners behalf.

I am known to the applicant as: ☐ Authorized Representative ☐ Partner
 (If other than applicant) ☐ Registered Agent ☐ Other _____
 Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ E-Mail _____

Please return application to the office for the county in which the establishment is located. Address to: Central District Health Department, Office of Environmental Health and Emergency Preparedness

Ada & Boise County
 707 N. Armstrong Place
 Boise ID 83704-0825
 Ph. 327-7499

Elmore County
 520 E. 8th North
 Mountain Home ID 83647
 Ph. 587-4407

Valley County
 703 N 1st Street
 Mc Call ID 83638
 Ph. 634-7194